

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015338

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 12

Primary Registration District No. 3013

Registrar's No. 90

FILED APR 23 1963

1. PLACE OF DEATH

a. COUNTY

CLAY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

North Kansas City

Length of stay in lb

8 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

NKC Mem. Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

PLATTE

c. CITY
OR
TOWN

Kansas City

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

6303 Highland Dr.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JUNE

MARIE

HERRING

4. DATE
OF
DEATH

Month

Day

Year

Apr. 17, 1963

5. SEX

female

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-19-02

9. AGE (last birthday)

60

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

home

11. BIRTHPLACE (City and state or country)

Joplin, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Wm. E. Busick

13b. MOTHER'S MAIDEN NAME

Vada Huff

14. NAME OF HUSBAND OR WIFE

Herbert V. Herring

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

H. V. Herring, 6303 Highland Dr.

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

consuming the heart

INTERVAL BETWEEN
ONSET AND DEATH

2 1/2

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female: was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury. In PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-17-63 to 4-16-63 and last saw her him alive on 4-16-63
Death occurred at NKC MEMORIAL HOSPITAL on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert R. Herring M.D.

22b. ADDRESS

2029 BURLINGTON
NO. KC 16-MO.

22c. DATE SIGNED

4-17-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

removal 4-20-63
24. FUNERAL DIRECTOR

ADDRESS

Oak Hill Cemetery

Empire, Ks.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Melody-McGilley-Eylar Antioch Chapel
3325 Vivion Rd., KCN, Mo.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DR. Hodgie
2029 Burlington
Wed. P.m.

MAY 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James E. Hackleman

Licensed Embalmer No. 4573

P. O. Address N.C. 9240

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.